



**Workshop on Strengthening Pandemic Preparedness
in Aviation / 2nd RAMPHT Meeting
Bamako, Mali, Africa: 28 February to 4 March 2011.**

The Workshop / RAMPHT (Regional Aviation Medicine and Public Health Team) meeting was officially opened by His Excellency Mr. Hamed Diane Semega, the Minister for Equipment and Transport for which the meeting expressed its gratitude and appreciation. In attendance at the opening ceremony were the following, for which the meeting also expressed its appreciation: Dr Aliou Badara Macalou, Minister for Health, Mrs Téné Issabré Sanogo, Director General, Agence Nationale de l'Aviation Civile, Dr Fatoumata Binta Diallo T., World Health Organization Representative in Mali and Dr Anthony Evans, Chief, Aviation Medicine Section, International Civil Aviation Organization.

The meeting was attended by 82 Participants from 17 States in the Africa region. The States included: Benin, Burkina Faso, Cote d'Ivoire, Democratic Republic of Congo, Gabon, Gambia, Guinea, Kenya, Lesotho, Malawi, Mali, Nigeria, Senegal, South Africa, Togo, Tanzania, and Zimbabwe. The following UN Agency and International Organizations also attended: World Health Organization; Airports Council International; International Air Transport Association. The Agence pour la Sécurité de la Navigation Aérienne en Afrique et à Madagascar (ASECNA) also attended.

Annex A includes details of the participants.

Presentations were made by the following international organizations and States for which the meeting expressed its appreciation: WHO, IATA, ACI, ICAO, South Africa and Nigeria.

The first two days of the meeting were dedicated to the Workshop on Strengthening Pandemic Preparedness Planning in Aviation, ably chaired by the Director General for Civil Aviation, Mali (ANAC). The RAMPHT meeting was held on the 3rd day (2 March 2011) and was ably chaired by Mr. Issa Saley Maiga, Deputy Director General of ANAC.

The RAMPHT meeting agreed that:

- **Mali CAA (Agence Nationale de l'Aviation Civile, ANAC) supported by the Mali Minister of Equipment and Transport and the Minister of Health, had provided an excellent venue for the workshop and RAMPHT and wished its appreciation to be recorded.**

- **Integration of preparedness plans between stakeholders, including the private sector, is an important goal of the CAPSCA project.**
- **According to a WHO survey, during the early part of the influenza A (H1N1) pandemic, only four cases of H1N1 per one million travellers screened were detected, and therefore border screening may be of limited value in preventing the spread of communicable disease during a developing pandemic.**
- **Difficulties in implementing the International Health Regulations (2005) in Africa include the challenges involved in implementing a multi-sector approach, the different organizations of State legislation and the requirement, in some States, to change national law.**
- **The previous IHR addressed only three diseases. It was therefore relatively simple to implement in comparison to IHR (2005), which addresses all public health emergencies of international concern.**
- **Further efforts are needed to implement the IHR (2005) in the aviation sector in Africa. WHO and ICAO are ready to support States with their efforts.**
- **The diversity in response to Influenza A (H1N1) by States is partly explained by the flexibility inherent in the IHR (2005). Any measures implemented in excess of those required by IHR (2005) or as recommended by the WHO during a Public Health Emergency of International Concern (PHEIC), must be notified to WHO.**
- **Further research on risk of contracting a disease, depending on proximity to the index case, is required.**
- **The CAPSCA project exists to support the effective implementation of relevant parts of the WHO International Health Regulations (2005) and the ICAO health-related SARPs in Annexes 6, 9, 11, 14 and 18.**
- **In considering the options for screening of travellers, departure screening should be included in pandemic preparedness plans.**
- **Aircraft operator agents should be trained by the operator in recognition of unwell passengers. Coordination with the airport operator and national public health authority is recommended.**
- **Exercises involving aircraft are very helpful in revealing gaps in pandemic preparedness plans.**
- **The RAMT (Regional Aviation Medicine Team) is re-named the RAMPHT (Regional Aviation Medicine *and* Public Health Team) to emphasize the close inter-relationship of the aviation and public health sectors.**

- **The terms of reference of the RAMPHT arising from the conclusions of the 1st Global CAPSCA meeting (October 2010, Singapore) were agreed by the participants of the 2nd RAMPHT of CAPSCA-Africa (see Annex B).**
- **Both the public health and aviation sectors need to be familiar with the procedure for managing an on board case of communicable disease and the use of the air traffic control system for notification of the public health authority at destination, in accordance with the ICAO Procedures for Air Navigation Services – Air Traffic Management (PANS - ATM).**
- **A Memorandum of Understanding between the authorities of both the health and aviation sectors, with clear terms of reference, can be a useful method of facilitating the coordination between both sectors.**

WHO emphasized the sections on core capacity requirements in the IHR (2005) for Points of Entry and presented the WHO core capacity checklist to enable States to determine their level of compliance to the IHRs.

- **ICAO and WHO intend to merge the WHO core capacity checklist with the ICAO assistance visit checklist to produce a single document.**
- **Communication and collaboration between the public health and aviation sectors is strongly encouraged at regional, sub-regional and national levels.**

Annex A



LIST OF PARTICIPANTS

LISTE DES PARTICIPANTS

CAPSCA Workshop in Bamako Mali, 28 February – 04 March 2011

Atelier de CAPSCA à Bamako, Mali, du 28 février au 04 mars 2011

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Annex A

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Annex A

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Annex A

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Annex A

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Annex A

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Annex A

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Annex A

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Annex A

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Annex A

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